

**MARIJUANA REGISTRY
REGISTERED CAREGIVER APPLICATION INSTRUCTIONS**

1. **BE SURE TO CAREFULLY READ THE PROGRAM INFORMATION WHICH HAS BEEN PROVIDED WITH THIS APPLICATION OR IS AVAILABLE ON OUR WEB SITE AT WWW.DPS.STATE.VT.US.**
2. Complete the Application Form in ink.
3. Complete the Criminal Record Release Form and have it notarized.
4. Arrange to have your digital photograph taken. The digital photograph will be used for your Registry Identification Card. You can use your own digital camera, have a digital photograph taken by a studio/store that takes passport photos, or you can arrange to have your photograph taken by the Vermont State Police. (Call 802-241-5115 to make arrangements to have your photo taken by the State Police.) **Make sure that your digital photograph is taken using a .jpeg format.** Have the photo copied to a floppy disk or CD. Label the disk or CD with your name and date of birth and include it with your application.
5. Enclose a check or money order for \$50 (non-refundable) made payable to the Department of Public Safety. The Registry cannot accept cash, credit cards, or installment payments.
6. **Mail** the completed application and the **notarized** record check release form along with your check and digital photograph to:

Marijuana Registry
Department of Public Safety
103 South Main Street
Waterbury, Vermont 05671

7. **Your application cannot be processed by the Registry until it is complete. A complete application includes the completed forms, a check for \$50 (non-refundable), and a digital photograph.**
8. Please call the Registry at 802-241-5115 if you have any questions.

DO NOT DETACH PAGES

**APPLICATION FORM - REGISTERED CAREGIVER
MARIJUANA REGISTRY**

Instructions: Please type or print your responses on this form **in ink**. A downloadable version of this form may be found at www.dps.state.vt.us. If you have any questions regarding this form please call 802-241-5115.

REGISTERED CAREGIVER APPLICANT INFORMATION

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application		If renewal application - your ID Number	
Name	Last	First	Middle
Mailing Address	Number	Street/P.O. Box	
	City		State Zip Code
Telephone	Home		Work
Physical Address	(Only if different than mailing address.)		
Date of Birth		VT Driver's License or Non-Driver ID #	
E-Mail Address (Optional)			
Please list all addresses at which you lived during the past 10 years. Please list the addresses in reverse chronological order starting with your more recent addresses.			
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To
City	State	From	To

ADDITIONAL ADDRESSES MAY BE ADDED ON THE REVERSE OF THIS FORM.

**MARIJUANA REGISTRY
REGISTERED PATIENT INFORMATION**

The name of the person for whom I will be serving as a registered caregiver is:

Name	Last	First	Middle
DOB	Month/Day/Year		
Mailing Address	Number	Street/P.O. Box	
	City		State Zip Code
Telephone	Work		Other

MARIJUANA REGISTRY PROGRAM ACKNOWLEDGEMENTS

The registering caregiver must initial each paragraph to acknowledge receipt of the information and their understanding of the information.

	I understand that I must consent to a criminal record check conducted by the Vermont Crime Information Center. The criminal record check shall include a Vermont criminal record check, an out-of-state criminal record check, and a criminal record check from the FBI. Any conviction for a drug-related crime will result in a denial of my application. In the event that a criminal conviction for a drug-related crime is found a copy of the record shall be sent to you for your review. You have the right to appeal the accuracy of the record.
	I understand that if I am notified of a denial there is no appeal except to appeal the accuracy and completeness of the criminal record.
	I understand that if my application is approved, my registration is valid for one year. I must renew my registration every year by submitting another application and paying a \$50 (non-refundable) fee.
	I understand that if my application is approved and I elect to grow marijuana to be used for symptom relief by my registered patient then I may do so only if the marijuana is cultivated in the single secure indoor facility at the location specified in my registered patient's application.
	I understand that if my application is approved and I am in possession of a registration card I may not possess between myself and my registered patient more than two mature marijuana plants, seven immature plants and two ounces of usable marijuana.
	I understand that as a registered caregiver I am not entitled to use marijuana and may be subject to criminal penalties if I do so.
	I understand that if my application is approved I may not transport marijuana in public unless it is secured in a locked container.

MARIJUANA REGISTRY PROGRAM ACKNOWLEDGEMENTS (Continued)

	I understand that a law enforcement officer who finds marijuana or paraphernalia in public from a registered patient or registered caregiver which is not properly secured in a locked container shall not be required to return the marijuana or paraphernalia. A law enforcement officer who finds marijuana being cultivated by a registered patient or registered caregiver, which is not in the single, secure indoor facility identified in this application shall not be required to return the marijuana or growing paraphernalia to the registered patient or registered caregiver.
	I understand that any person who knowingly gives to any law enforcement officer false information to avoid arrest or prosecution, or to assist another in avoiding arrest or prosecution, shall be imprisoned for not more than one year or fined not more than \$1,000.00 or both. This penalty shall be in addition to any other penalties that may apply for the possession or use of marijuana.
	I understand that in the event of the death of my registered patient the Marijuana Registry must be contacted within 72 hours. I must return to the Department of Public Safety any marijuana or marijuana plants that may have been in our possession for disposal.
	I understand that I can be a registered caregiver for only one registered patient.
	I am over 21 years old.
	I have never been convicted of a drug offense in any jurisdiction.
Applicant Signature	Date

MAIL COMPLETED APPLICATION TO

Marijuana Registry
Vermont Criminal Information Center
Vermont Department of Public Safety
103 South Main Street
Waterbury, VT 05671

**VERMONT MARIJUANA REGISTRY
REGISTERED CAREGIVER RELEASE FORM**

Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security #	- -		
Place of Birth	City/Town	State	Country
Date of Birth	Month	Day	Year
Applicant's Telephone #	Include Area Code and Number - -		

RELEASE

I, _____, hereby acknowledge and agree to a check of any criminal record of convictions for drug-related offenses which may be maintained by the Vermont Criminal Information Center, criminal record repositories in other states, and the FBI. I understand that the results of that check will be made available to the Vermont Marijuana Registry for use in reviewing my suitability to be a registered caregiver pursuant to the Vermont Marijuana Registry Program as specified in Title 18 V.S.A. Chapter 86.

I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101 within 7 days of receipt of the results of my record check.

Signature of Applicant	Date
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NOTARY

_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.

Printed Name of Notary	Notary Signature
Commission Number	Commission Expires

FOR ADMINISTRATIVE PURPOSES ONLY

Date Application Received	
Identification Number	Staff